PTO/SB/06 (08-03)
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<del>\0.10</del>	PATI	ENT API		FEE DETER	RECORD		Application or Docket Number				
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR		R THAN ENTITY
FOR NUMBER			UMBER FILED	R FILED NUMBER 6			RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))							\$	OR		s
	L CLAIMS FR 1.16(c))		minus 20	= .			x \$=		OR	x \$=	
	PENDENT CLAIM FR 1.16(b))	IS	minus 3 =		•		x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART II											
(Column 1) (Column 2) (Column 3)			_	SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY				
ENT A		CLAIM REMAIN AFTEI AMENDM	NG ₹	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	· DU	Minus	75	=		× \$=		OR	x \$=	
AMENDM	Independent (37 CFR 1.16(b))	. 2	Minus	3	متحد	1	x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+\$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column	1)	(Column 2)	(Column 3)				_		
NT B		CLAIM REMAIN AFTEI AMENDM	NG ?	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
闄	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
ENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)									_		
NTC		CLAIM REMAIN AFTEI AMENDM	S ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
 ME	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))							\$	OR		5 MD
TOT/	L CLAIMS FR 1.16(c))	(	minus 20 =	*			x \$=		OR	× \$=	
INDE	PENDENT CLAIM FR 1.16(b))	S	minus 3 =				x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR	+s =		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	MIO
45.01 CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR		R THAN ENTITY
∢		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	• (	Minus **	20	=		× \$=		OR	× \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	. (	Minus **	. 3	=/		x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+\$ =	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
lu	-11-01	(0.1		(Column 2)	(Column 3)		ADDETEL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
NT B	1101	(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT	Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	24L	Minus **	06	-@ φ;	5	x \$=		OR	x <u>\$   } = </u>	90
AMENDMENT	Independent (37 CFR 1.16(b))	· 24	Minus **	" 3	=		x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ \$=	
$\vdash$						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	90
D.	15.03	(Column 1)		(Column 2)	(Column 3)				•		
NT C		CLAIMS REMAINING AFTER AMENDMENT	Р	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	-24	Minus *	·25	"	Þ	x s=		OR	x \$=	
AMENDMEN	Independent (37 CFR 1.16(b))	$\overrightarrow{\alpha}$	Minus *	<u></u> B	=/		x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	If the entry in c	olumn 1 is less tha	an the entry in	column 2, writ	te "0" in column	3.			-		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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